STUDENT PERSONNEL

Accident/Injury Report

The parish/institution should make a report that contains the following information:

1. Name of injured party (ies), address and phone number;
2. Names, addresses and phone numbers of witnesses, if there were any;
3. Description of the Accident/Injury in as much detail as possible including what injured was doing, the chain of events, who was involved, where accident happened, date and time of accident, etc;
4. Names and phone number of local person(s) who conducted the investigation;
5. Signature and date of Program Administrator.

OR

Complete Accident Report for Injuries form.
Accident Report for Injuries

Complete this report for all accidents/injuries. This report is for information only. All claims should be reported immediately. Please read each question carefully, and answer all questions as completely as you can. Please do not leave any blanks, unless the question does not apply.

Place and Location: ________________________________________ Date: ______________________

Name of Person Injured: ___________________________________ Time of Accident: ____________

Address: _______________________________________________ Phone: _____________________

M or F  Age:_________ What was happening at the time of accident?_______________________

Apparent Cause: ______________________________________________________________________

Nature of Injury: _____________________________________________________________________

First Aid Treatment Administered: ______________________________________________________

Name of Person Administering Aid: ______________________________________________________

Taken to the Hospital?  Y or N  By:_____________________________________________________

Parents’ Name (if Minor):______________________________________________________________

Parents Were Notified at (Time):_______________________________________________________

Parents not Notified (Give Reason):____________________________________________________

Persons Who Witnessed the Accident: __________________________________________________

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Person Making Report: ________________________________ Title: ____________________

Signature: __________________________________________

Additional information may be given on reverse side of this form. Additional sheets may be used.